

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000002353

**Entity Name:** M & E CAPITAL LLC

**Current Principal Place of Business:**

945 BEN FRANKLIN DRIVE, UNIT 2  
SARASOTA, FL 34236

**Current Mailing Address:**

945 BEN FRANKLIN DRIVE, UNIT 2  
SARASOTA, FL 34236 US

**FEI Number:** 45-5493325

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROSSI, MARY L  
945 BEN FRANKLIN DRIVE, UNIT 2  
SARASOTA, FL 34236 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

|                 |                                |                 |                                |
|-----------------|--------------------------------|-----------------|--------------------------------|
| Title           | MGR                            | Title           | MGR                            |
| Name            | ROSSI, EDWARD                  | Name            | ROSSI, MARY LYNN               |
| Address         | 945 BEN FRANKLIN DRIVE, UNIT 2 | Address         | 945 BEN FRANKLIN DRIVE, UNIT 2 |
| City-State-Zip: | SARASOTA FL 34236              | City-State-Zip: | SARASOTA FL 34236              |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARY LYNN ROSSI

**MANAGER**

**01/18/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date